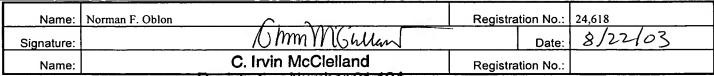
UTILITY		Attorney Docket No. 241908US0									
		First Inventor or Applica	t Inventor or Application Identifier Atsushi TACHINO								
(Only	TRANSMITTAL for new nonprovisional applications under 37 CFR 1.53(b))	Title PRETREATMEN	T KIT FOR SAI	IVA AND PRETREATMENT MI	ETHOD FOR SALIVA						
	Assignee Name: GC CORPORATION										
Assignee Address:			No. 76-1, Hasunuma-cho, Itabashi-ku,								
			Tokyo, Japan								
	APPLICATION ELEMENTS Commissioner for Patents										
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents			ADDRESS	TO: Mail Stop Patent Appl Alexandria, Virginia 2:							
<ol> <li>Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</li> </ol>			ACCOMPANYING APPLICATION PARTS								
			7. 🗆 Ass	ignment Papers (cover sheet	t & document(s))						
2.	Specification Total S	Sheets 62	8. 🔳 Арр	lication Data Sheet. See 37	CFR 1.76						
			9. 🗆 37 (	C.F.R. §3.73(b) Statement nthere is an assignee)	☐ Power of Attorney						
3.	☐ Drawing(s) (35 U.S.C. 113) Total S	Sheets	10. 🗆 Eng	lish Translation Document (i	f applicable)						
	·			rmation Disclosure ement (IDS)/PTO-1449	☐ Copies of IDS Citations						
4.	Oath or Declaration Total	Pages 2	12. 🛘 Prel	iminary Amendment							
	a. Newly executed (original)		13. 📕 Whi	te Advance Serial No. Postc	ard						
	b. Copy from a prior application (for continuation/divisional with box 17		14. Ceri	tified Copy of Priority Docum reign priority is claimed)	ent(s) (1)						
	<ol> <li>DELETION OF INVENT Signed statement attached del the prior application, see 37 C. 1.33(b).</li> </ol>	eting inventor(s) named in		licant claims small entity stated of the control of	tus.						
5.	<ul> <li>CD-ROM or CD-R in duplicate, large</li> </ul>	e table or Computer	16. 🔳 Oth	er: Request for Priority							
6.	(ir applicable, all necessary)										
	a. Computer Readable Form (CRI		1								
	b. Specification or Sequence Listing o										
	<ul><li>i. □ CD-ROM or CD-R (2 copies)</li><li>ii. □ Paper</li></ul>	, 01									
		ahove conies									
47			t . 45								
17.	If a CONTINUING APPLICATION, check  Continuation Divisional	Continuation		of prior application no							
			pa (4 )	Group Art Uni							
Prior application information: Examiner: Group Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only when a portion has been inadvertently omitted from the submitted application parts.											
18.	Amend the specification by inserting before	re the first line the se	entence:								
	This application is a   Continuation	□ Division		ation-in-part (CIP)							
of application Serial No. Filed on											
	This application claims priority of provisi	Filed									
19. CORRESPONDENCE ADDRESS  22850 (703) 413-3000											
FACSIMILÉ: (703) 413-2220											



Registration Number 21,124



Docket No.

241908US0

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Atsushi TACHINO

SERIAL NO: New Application

FILING DATE: Herewith

FOR:

PRETREATMENT KIT FOR SALIVA AND PRETREATMENT METHOD FOR SALIVA

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	13 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	5 - 3 =	2	x \$84 =	\$168.00
MULTIPLE DEPENDEN	+ \$280 =	\$280.00		
☐ LATE FILING OF DECLARATION			+ \$130 =	\$0.00
	\$750.00			
	\$1,198.00			
☐ REDUCTION BY 50% F	\$0.00			
☐ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
☐ RECORDATION OF ASSIGNMENT		+ \$40 =	\$0.00	
			TOTAL	\$1,198.00

Please charge Deposit Account No.	15-0030 in the amount of \$0.	.00 A duplicate copy	of this sheet is encl	osed
 1 lease charge Deposit Meedalk 110.	15-0050 in the amount of wo.	oo maapmeate copy	of tills sheet is ci.	

- A check in the amount of \$1,198.00 to cover the filing fee is enclosed.
- ☐ Credit card payment form is attached to cover the filing fee in the amount of
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Date:

8/22/03

Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland Registration Number 21,124

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)